



**FUNERAL ESCORT SERVICE  
LICENSE APPLICATION**  
*fee \$100 annually*  
Expiring Dec 31 of each year

**CITY LICENSE**  
(316) 268-4553

New

Renewal

Date

**APPLICANT INFORMATION** (must be completed for person signing application):

Name		Date of Birth	
Home Address		Phone Number	
City, State		Zip Code	

**BUSINESS INFORMATION:**

Business Name		Phone Number	
Address			
City, State		Zip Code	

**FINANCIAL INFORMATION:** List all persons other than the applicant having financial interest of any kind in the business. If additional space is needed, please list on a separate sheet of paper.

Name		Date of Birth	
Home Address		Phone Number	
City, State		Zip Code	

Number and type of funeral escort vehicles to be operated:

The following **must** be turned in with the application: a copy of the applicant's workers compensation insurance policy, liability insurance listing every vehicle to be insured under the policy, documentation showing that all vehicles to be used for the business have been designated as an authorized emergency vehicle pursuant to the statutes of the State of Kansas, a copy of a valid Kansas driver's license for the applicant and any employee who will be operating a funeral escort vehicle, and documentation that the applicant and all employees operating a funeral escort vehicle have satisfactorily completed a defensive driving course from an accredited defensive driving program or school.

I, \_\_\_\_\_, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Department	Approved	Disapproved	Date
Police			
Law			
License #		Total Fee	
Date		Expiration Date	